

## **Dissenting Report by the Australian Greens**

1.1 The Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 is the Government's attempt, in the face of universal opposition from health, mental health and addiction experts and community-based organisations, to bring back the punitive drug testing of income support recipients.

1.2 This measure would introduce a two year trial of mandatory drug testing of 5000 new recipients of Newstart Allowance and Youth Allowance (other) in the three trial sites of Mandurah, Western Australia, Logan, Queensland, and Canterbury-Bankstown, New South Wales. Anyone testing positive for illicit drugs on the first test will be placed on income management for 24 months. If a person tests positive on more than one test in 24 months they will be coerced into drug treatment.

1.3 This measure was originally incorporated in the Social Services Legislation Amendment (Welfare Reform) Bill 2017, and this Committee held an inquiry into that Bill at that time. That inquiry received evidence from experts across the health, mental health and addiction sectors who unanimously expressed their strong concerns about the impacts these trials would have on income support recipients, and called on the Committee to reject this schedule.<sup>1</sup>

1.4 The Government was subsequently forced to remove the drug testing schedule from that Bill when it was clear that the Senate would not support it.

1.5 The Australian Greens share the disappointment and dismay of the experts and community organisations at the reemergence of this measure in this Bill. The Government's continuing pursuit of this flawed policy indicates their total failure to listen to the advice of those with expertise in this field, and dogged determination to pursue a punitive, ineffective and damaging policy in the face of all evidence.

1.6 The trial proposed in this new Bill is identical to that which was proposed, and rejected, previously, with two additions. Firstly, the three trial sites of Canterbury-Bankstown, Logan and Mandurah are included in the legislation. Secondly, there is a new sub-clause to be included in the Social Security (Administration) Act 1999, which stipulates where the Secretary has reason to believe that income management would pose a serious risk to the relevant person's mental, physical or emotional wellbeing, they must determine that the person not be subject to income management. The hearings of the Committee's current inquiry highlighted a range of further issues including key issues which relate to the specific sites.

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1 The Australian Greens dissenting report to that inquiry outlines the key areas of concern that stakeholders highlighted in evidence. The dissenting report is available on the Committee's website: [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/WelfareReform/~/media/Committees/clac\\_ctte/WelfareReform/d02.pdf](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/WelfareReform/~/media/Committees/clac_ctte/WelfareReform/d02.pdf).

## Drug treatment

1.7 The lack of drug treatment options for those battling addiction in Australia was a key area of concerns for submitters during this inquiry as it was in the previous inquiry.

1.8 Professor Lisa Maher, Professor and Program Head, Kirby Institute for Infection and Immunity summed up the problem of lack of services, and the futility of drug testing in this context:

...while we know that drug treatment is effective and evidence based there's an undersupply of drug treatment in Australia at the moment. Demand exceeds supply. In any given year we currently treat about half of those people who are indicated for and seek drug treatment. The proposed legislation does not address this treatment shortfall and there's little point in testing people, and certainly no point in penalising them, if there's no treatment available to them.<sup>2</sup>

1.9 Professor Alison Ritter of the National Drug and Alcohol Research Centre (NDARC) reiterated this point:

...we are treating about half the people who are currently seeking treatment. So treatment investment that would meet existing demand would need to be doubled. The current national treatment investment is around \$1 billion, so an additional \$1 billion nationally would be required to meet current unmet demand for treatment. That's a national estimate. It doesn't speak to the three specific sites. But there's no reason to suggest that those three sites have better treatment service provision than any other sites across Australia.<sup>3</sup>

1.10 Further to this, Ms Charmaine Crowe, Senior Policy and Advocacy Officer at the Australian Council of Social Service, outlined that drug testing is likely to increase demand for the already struggling treatment services, along with other measures forced through in the Social Services Legislation Amendment (Welfare Reform) Bill 2017. She said:

Our concern would be that this policy is just going to aggravate that. We should also remember that the welfare reform bill will coerce a number of people into treatment as well across Australia. So it's not just this bill that may well increase demand for services; it's going to exist with other pieces of legislation too.<sup>4</sup>

1.11 The Australian Greens hold that the lack of funding for drug treatment services across Australia is well known and of significant concern even without the

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2 Professor Lisa Maher, Professor and Program Head, Kirby Institute for Infection and Immunity, *Committee Hansard*, 23 April 2018, p. 18.

3 Professor Alison Ritter, Director, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales, *Committee Hansard*, 23 April 2018, p. 20.

4 Ms Charmaine Crowe, Senior Policy and Advocacy Officer, Australian Council of Social Service, *Committee Hansard*, 23 April 2018, p. 43.

drug testing trial proposal. The \$10 million that the Government says it is committing to improve services in the trial areas is unlikely to fill the gaps in services that currently exist. It means that many of those who wish to seek assistance for their addiction issues will be unable to access treatment. In the context of the trial it is both deeply unfair and a farce; people will be punished for their addiction without having access to help for recovery, and for those that are coerced into treatment through the trial, there will be no certainty of access to such a service.

1.12 Mandatory drug treatment for addiction was roundly dismissed as contrary to all evidence in this inquiry, as it was in the original inquiry. Ms Imogen Ebsworth, Director of Policy and Research at Anglicare Australia, summed up the view of experts:

...the proposals here to run a mandatory drug trial of people who are unemployed, with the idea of catching them out if they happen to have used an illicit substance or a small list of them, will somehow lead to their rehabilitation and treatment is exactly the opposite of what experts recommend. In fact, there is no evidence to support this approach at all.<sup>5</sup>

1.13 The announcement from the Government that they would provide \$10 million for additional treatment services across the three trial sites is insufficient and to date no clear information is available for how that money will be targeted.

1.14 In each of the proposed trial sites witnesses also raised concerns about the impact of the trial on other social services, such as accommodation, mental health and emergency relief. Existing services cannot meet demand and witnesses were deeply concerned that the trial would increase demand that could not be met.

### **Access to pharmacotherapies for addiction**

1.15 As well as the lack of treatment services available, the Committee heard that there are financial barriers to access to opioid substitution therapy (OST).

1.16 Professor Maher highlighted the situation in Bankstown:

...It's very hard to get on a public OST program at the moment and has been for some time because these are services that don't charge a dispensing fee. If you're on a private program, you're required to pay a daily dispensing fee for your medication, which can be \$7 or \$8 a day. For somebody on a low income or a restricted income, this presents a real challenge.<sup>6</sup>

1.17 In explaining that people on income support could be paying \$56 per week or more for their OST prescription alone, Professor Maher explained one client's situation:

...this client said to me, 'I'm still jumping fences to pay for my methadone'—still committing crime because of the dispensing fee to get their daily dose. It's an unintended consequence of the way that those

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5 Ms Imogen Ebsworth, Director of Policy and Research, Anglicare Australia, *Committee Hansard*, 24 April 2018, p. 40.

6 Prof Maher, *Committee Hansard*, 23 April 2018, p. 21.

structures are funded at the moment and the restrictions on access to free public treatment.<sup>7</sup>

1.18 The Deputy Mayor of Logan City Council, in a response to a question on notice from the hearing regarding whether access to methadone was an issue in the City of Logan, said:

Acting Executive Director, Addiction and Mental Health Services, Queensland Health Metro South Hospital and Health Service, Ms Linda Hipper, has provided Council with the following information relating to access to methadone in the City of Logan:

- There a small number of private prescribers that provide access to opioid replacement therapies such as methadone and buprenorphine in nearby suburbs, all of which are informing that they are at capacity at present.
- The majority of clients receiving welfare assistance who are accessing opioid replacement therapies, such as methadone, are likely to be accessing the public clinic located in Logan Central operated by Metro South Addiction and Mental Health Services. This is because there are no consultation fees involved at the public clinic. Private prescribers vary between bulk billing and charging a gap consultation fee.
- All clients receiving opioid replacement therapies are required to pay a dispensing fee at their community pharmacy which anecdotally has been reported to be between \$4 and \$8 per day.
- Within the public clinic all clients are triaged. Assessment appointments are available within one to two weeks for all clients and sooner for clients triaged as priority (usually pregnant clients, those recently released from prison, or those that are HIV positive).
- When assessed as suitable, clients will be stabilised on their medication within the clinic for the first one to two weeks. They will then be referred to a nominated community pharmacy to continue to receive their daily dose.
- Clients are not routinely dosed within the clinic beyond the initial stabilisation phase, and even during stabilisation they will be dosed at community pharmacies at weekends and public holidays.

As can be seen from the above information, there are a number of challenges with accessing opioid replacement programs, such as methadone, in the City of Logan.<sup>8</sup>

1.19 It is unacceptable that this key treatment for addiction is so unaffordable for many in the Canterbury-Bankstown and Logan trial sites.

### **Increasing stigma and poverty**

1.20 A key issue of concern for many submitters to the inquiry was that not only will this measure not serve to help anyone currently affected by drug addiction, it is in

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7 Prof Maher, *Committee Hansard*, 23 April 2018, p. 21.

8 Councillor Cherie Dalley, Deputy Mayor, Logan City Council, answers to questions of notice, 24 April 2018, [p. 2] (received 1 May 2018).

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fact likely to exacerbate already vulnerable people's deprivation, stigma, inequality and disadvantage.

1.21 Dr Falzon, Chief Executive Officer at St Vincent de Paul Society National Council of Australia, made this point in evidence to the Committee:

...this legislation will not lead to the desired outcomes and will actually divert resources from services and evidence-based approaches that would be successful. It also has the potential to create greater levels of harm, including increased stigma, marginalisation and poverty. While reducing the harmful effects of drug addiction is a legitimate policy objective, the social security system is neither an appropriate nor effective lever for achieving such outcomes.

In our submission, we have argued that the measures in this bill are not reasonable, necessary or proportionate. When Australian experts in the field conclude almost unanimously that there is no evidence that the drug testing of income support recipients will be successful in treating and addressing the causes of drug addiction, it cannot be argued that such a measure is reasonable.<sup>9</sup>

1.22 Professor Maher further outlined that there is evidence that this measure would increase stigma and marginalisation:

while there's no evidence that testing of social security recipients is an effective approach there is some evidence that measures like these have the potential to increase harm, including the harms of stigma, marginalisation and poverty. In Australia poverty remains the major issue for people with alcohol and other drug dependence. Any policy that increases in the quality reduces health outcomes. This is particularly important in populations and areas where drug use reflects underlying economic and structural disadvantage, such as in Bankstown, where Vietnamese Australians make up the largest group of non-Australian born residents followed by residents born in Lebanon.<sup>10</sup>

1.23 Once again we see this Government pursuing a policy which the evidence shows will only add to the marginalisation and disadvantage faced by some of the most vulnerable members of our community. The Australian Greens condemn this callous move and implore the Government to listen to the advice of experts and end this damaging, political move.

### **Lack of consultation**

1.24 In the first inquiry, and in subsequent Senate estimates hearings, the Committee has found that the Government has neglected to undertake anything like a sufficient program of consultation on the drug testing trial.

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9 Dr John Falzon, Chief Executive Officer, St Vincent de Paul Society National Council of Australia, *Committee Hansard*, 23 April 2018, p. 8.

10 Prof Maher, *Committee Hansard*, 23 April 2018, p. 18.

1.25 The Committee received evidence from the local councils relating to the trial sites who expressed their opposition and concern relating to the trials.

1.26 Councillor Cherie Dalley, Deputy Mayor, Logan City Council outlined that council's position:

In the light of these outstanding questions, as well as concerns raised by the medical community, the lack of consultation and the lack of evidence about the effectiveness of similar measures internationally, council believe there is further work to be done in order to be able to proceed with this issue—that is, with the trials.<sup>11</sup>

1.27 Mayor of the City of Canterbury Bankstown, Councillor Khal Asfour told the Committee he was also not consulted:

I do recall that the minister came to Bankstown to announce this trial—I'm pretty sure it was in Bankstown. That was the first I'd heard of it. I could be mistaken, but I'm pretty confident that that did occur. Since then, as a council, we, as far as I'm aware, have not been spoken to or consulted with by the government or the department.<sup>12</sup>

1.28 While not taking a position on the virtue of the trials themselves, the Mayor of the City of Mandurah, Councillor Rhys Williams said:

The initial concerns of this council in the early stages, when this announcement was made, were the lack of consultation and the lack of evidence to justify Mandurah as a location. Our submission explores that in more detail. A lot of the data that was presented is not specific to Mandurah, and we're left asking: where is the evidence that justifies this policy, and why is it that we weren't heavily engaged with the consultant? Why weren't we, as the organisation that probably has the most tentacles into the community and the greatest awareness of what the community challenges are, not engaged in that process?<sup>13</sup>

1.29 This lack of consultation extended to all relevant experts. Key stakeholders were not consulted by the Government prior to the first iteration of this Bill, and have not been consulted in relation to this new push to establish the trials. Professor Adrian Reynolds from the Royal Australasian College of Physicians highlighted their frustrations:

Despite being the peak body representing Australia's addiction medicine specialists, the RACP and the Australasian Chapter of Addiction Medicine were not consulted on the measures proposed by the bill prior to their announcement in the 2017-18 budget. Indeed, the questions I've heard asked this morning should have been asked before the trial was even put

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11 Cr Dalley, *Committee Hansard*, 24 April 2018, p. 2.

12 Councillor Khal Asfour, Mayor, City of Canterbury-Bankstown, *Committee Hansard*, 23 April 2018, p. 17.

13 Councillor Rhys Williams, Mayor, City of Mandurah, *Committee Hansard*, 23 April 2018, p. 55.

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together and there was a decision to press the 'go' button. We should have known those things before we even got this far.

If consultation had occurred, the RACP, the chapter and other health experts would have advised that this drug testing trial is clinically inappropriate and not designed in a way that will address the issues of substance dependence. On this basis, our strong advice is that this trial should not go ahead and that this bill should not progress.<sup>14</sup>

## **Conclusion**

1.30 The proposed trial of drug testing for those on income support has been roundly condemned by the experts and the evidence shows that quite aside from assisting anyone living with addiction, it is likely to exacerbate and harm them.

1.31 The trial sites that have been identified have clearly been chosen because they have existing income management infrastructure.

1.32 The Government's proposed approach will not differentiate between recreational drug use and those with an addiction as all people testing positive will be subject to income management straight away. If the Government were genuine about addressing addiction, they would not be taking this approach; instead, they would be listening to experts in addition.

1.33 The Australian Greens join with the range of stakeholders and experts in adamantly opposing this trial.

1.34 If the trials were to proceed, they would need to be properly evaluated along the lines of Recommendations 1 and 2 of the Majority Committee Report. However, the Australian Greens are strongly opposed to drug testing of those receiving income support.

## **Recommendation 1**

**1.35 The Australian Greens recommend that the Bill not be passed.**

**Senator Rachel Siewert**

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14 Clinical Associate Professor Adrian Reynolds, President, Australasian Chapter of Addiction Medicine, Royal Australasian College of Physicians, *Committee Hansard*, 23 April 2018, p. 28.

